MARYLAND STATE DEPARTMENT OF HEALTH

06298

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN T. B.
LENGTH OF STAY (in this place) Transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS Junction Rt # 301 and 381

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Norfolk X 43
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norfolk
STREET ADDRESS (If rural, give location) 6217 Cottage Toll Road

3. NAME OF DECEASED (Type or Print) (First) Barr (Middle) Harris (Last) Attaway Sr.

4. DATE OF DEATH (Month) June (Day) 16 (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 15 March 1912

9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant

10b. KIND OF BUSINESS OR INDUSTRY Self

11. BIRTHPLACE (State or foreign country) So. Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Rev. James P. Attaway

14. MOTHER'S MAIDEN NAME Oliva Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. ?

17. INFORMANT AND ADDRESS Dorothy H. Attaway Wife Same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816 X

Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY At place of death (CITY OR TOWN) T. B. (COUNTY) P. G. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 6/16/53 2:24P

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Driver of an auto that was in a/ collission with anc

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James D. Boyd (Degree or title) M. D. ADDRESS Forestville, Md. DATE SIGNED 6/17/53

23. BURIAL, CREMATION REMOVAL (Specify) Removal

DATE THEREOF 17 June 1953

NAME OF CEMETERY OR CREMATORY J. M. Brown Funeral Home

LOCATION (City, town, or county) Norfolk, Va. (State)

DATE REC'D BY LOCAL REG. 6-17

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville, Md.

X 1953 Howard J Beall

3744 & 3743

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 19 1953
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

3749

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) 20 d
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Hyattsville
STREET ADDRESS (If rural, give location) 5804 - Queens Chapel Rd.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	James	Andrew	Auld	6 -	25 -	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	4-9-1898	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Jr. High School Teacher	Pr. Geo. County	Pennsylvania	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James S. Auld	Agnes Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war, or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes W.W.I	184-07-9078	Agnes Auld (Mother) Same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiovascular renal disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney	M.D.	Dr. Md. Expr. Hyattsville, Md.	6-25-53

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county) (State)
Burial	28 June 53	Arbon Cemetery	Bladensburg Prince Geo. Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
26 June 1953	Amanda Downey	E. Daschs Sons	Hyattsville Md.

RECEIVED
1 1953
BUREAU V. S.

06300

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie — LENGTH OF STAY (in this place) 17 yrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie — STREET ADDRESS (If rural, give location) Hughlander Rd.

3. NAME OF DECEASED (Type or Print): (First) Joye (Middle) Edgar (Last) Barley

4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1953

5. SEX: male — 6. COLOR OR RACE: white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married — 8. DATE OF BIRTH: 21 May 1911 — 9. AGE last birthday: 42 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lineman — 10b. KIND OF BUSINESS OR INDUSTRY: Self — 11. BIRTHPLACE (State or foreign country): Alabama — 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Wm J Barley — 14. MOTHER'S MAIDEN NAME: Myra L. King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Catherine L. Barley (wife) same as #2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia

929.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Drowning

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home — (CITY OR TOWN) High Bridge — (COUNTY) Pr. Geo. — (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 6 - 21 - 53 1:15 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Fell into well water while making repairs

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John D. Malarkey M.D. Dep. Med. Exam. — Hyattsville, Md. — 6-21-53

BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 23 June 1953 — NAME OF CEMETERY OR CREMATORY: Lincoln Cemetery — LOCATION (City, town, or county) (State): Colmar Manor Md.

DATE REC'D BY LOCAL REG. 6-22 — REGISTRAR'S SIGNATURE: Amanda L Downey — 21. FUNERAL DIRECTOR — ADDRESS: J. Fowler Sons Hyattsville Md

1953 / 6/24/53 Agnes M. Yingling

RECEIVED
JUN 26 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

C6301

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural, give location): 5614 36th Pl.

3. NAME OF DECEASED (Type or Print): (First) VIRGINIA (Middle) B. (Last) BELT

4. DATE OF DEATH: (Month) June (Day) 30 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 3-20-1911

9. AGE last birthday: 42 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Wash DC

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin R. Buck

14. MOTHER'S MAIDEN NAME: Genevieve B Byrnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Roger Buck (Brother) 2023 Ritchie

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Malignant Melanoma — Interval Between Onset and Death: 5 M 15 Dy

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1/15/53

19b. MAJOR FINDINGS OF OPERATION: Malignant Melanoma with metastasis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/6, 1953, to 6/30, 1953, that I last saw the deceased alive on 6/29, 1953, and that death occurred at 11:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Louis Mendel M.D. ADDRESS: College Park Md DATE SIGNED: 7/1/53

23. BURIAL, CREMATION, REMOVAL (Specify): DATE: 7-3-53 — NAME OF CEMETERY OR CREMATORY: Ivy Hill — LOCATION (City, town, or county) (State): Laurel Md.

DATE REC'D BY LOCAL REG.: July 1 1953 — REGISTRAR'S SIGNATURE: Laura Perry

24. FUNERAL DIRECTOR: Deal Funeral Home — ADDRESS: 4812 Ga Ave Wash DC

4506 College Ave.
College Park, Md.

RECEIVED
JUL 3 1953
BUREAU V. S.

Items 8,9 FilmG155 7/22/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

C6302

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Prince George's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro; MARYLAND; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Marlboro Hotel

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Tenn.; COUNTY Dallas; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenville; STREET ADDRESS (If rural, give location) 214 Cutler St.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Silas (Last) Bernard Jr.

4. DATE OF DEATH: (Month) 6 (Day) 18 (Year) 1953

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 10 Sept 1885; AGE last birthday: 67 yrs.; If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

9b. KIND OF BUSINESS OR INDUSTRY: Self

10. BIRTHPLACE (State or foreign country): Virginia

11. CITIZEN OF WHAT COUNTRY: U.S.A.

12. FATHER'S NAME: John S. Bernard Sr.

13. MOTHER'S MAIDEN NAME: Jennie Morgan

14a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes; (If yes, give war or dates of service): —

14b. SOCIAL SECURITY NO.: ?

15. INFORMANT AND ADDRESS: Bruce W. Bass Jr. Same as #2

16. MEDICAL CERTIFICATION

17. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420. / Immediate cause (a) Coronary thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

18. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James D. Boyd M.D. Forestville Md. 6.18.53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 21 June 1953; NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery; LOCATION (City, town, or county) (State): Greenville, Tenn.

DATE REC'D BY LOCAL REG. 6-18-1953; REGISTRAR'S SIGNATURE: Amanda Downey; 24. FUNERAL DIRECTOR: E. Davis Sons; ADDRESS: Hyattsville Md.

6-20-1953 John F. Danner

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

3945 - 3740

RECEIVED
JUN 23 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06303 234

Reg. Dist. No. 1

1. PLACE OF DEATH — COUNTY: PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Accokeek
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland COUNTY: ~~Charles~~ Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Accokeek, Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): EMMA TERESA BLANDFORD
4. DATE OF DEATH (Month) (Day) (Year): 6 29 1953
5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: March 9, 1875
9. AGE last birthday: 78 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Prince George Co
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: George Carroll
14. MOTHER'S MAIDEN NAME: Catherine Dyer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Catherine Edelen Waldorf

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4000 Immediate cause (a) Acute Coronary Thrombosis — 1 hour

Antecedent cause(s) (b) Arteriosclerotic heart disease — 6 months

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) old healed myocardial infarction — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1953, to June 29 1953 that I last saw the deceased alive on 6-29, 1953, and that death occurred at 3 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): David S. Gordon, MD
ADDRESS: 5731 23rd Parkway S.E.
DATE SIGNED: 6-29-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: July 1, 1953
NAME OF CEMETERY OR CREMATORY: St Marys
LOCATION (City, town, or county): Piscataway (State): Md

DATE REC'D BY LOCAL REG.: 6-30-53
REGISTRAR'S SIGNATURE: M. L. Monroe
24. FUNERAL DIRECTOR: Hunt & Ryon
ADDRESS: Waldorf, Md

Howard L Beall

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
JUN 10 1953
BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 66304

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Mem. Hosp. 4408 Queensbury Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel
STREET ADDRESS (If rural, give location) 339 Prince Georges St.

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) Myrtle (Last) Browning
4. DATE OF DEATH: (Month) 6 (Day) 18 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):
8. DATE OF BIRTH: 11-15-1884
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10b. KIND OF BUSINESS OR INDUSTRY: House
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hugh Stickley
14. MOTHER'S MAIDEN NAME: Annie Elizabeth Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: hosp. records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 153X

Immediate cause (a) Intestinal obstruction — INTERVAL BETWEEN ONSET AND DEATH: 3 -

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Carcinoma of Intestines - Liver

DUE TO (c) Pancreas & Liver — yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 6/16, 19—, to 6/18, 1953, that I last saw the deceased alive on 6/18, 1953, and that death occurred at 7:15 a.m., from the causes and on the date stated above.

SIGNATURE N B Stewart MD (DEGREE OR TITLE) ADDRESS 314 Comfe Laurel Md. DATE SIGNED 6/18/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF June 20, 1953
NAME OF CEMETERY OR CREMATORY Riverview Cemetery
LOCATION (City, town, or county) (State) Strasburg, Virginia

DATE REC'D BY LOCAL REG. June 19-53
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR De Witt Donaldson, ADDRESS Laurel, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15 8-51

RECEIVED
JUN 23 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06305

CERTIFICATE OF DEATH

Reg. Dist. No. 230

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A 5 8-51

1. PLACE OF DEATH:
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: College Park
LENGTH OF STAY (in this place): 1½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6909 Carlton Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: College Park
STREET ADDRESS (If rural, give location): 6909 Carlton Terrace

3. NAME OF DECEASED: (Type or Print) (First) ROSE (Middle) MARGARET (Last) CLAGETT

4. DATE OF DEATH: (Month) June (Day) 29th, 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 7th, 1874

9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John A. Butler

14. MOTHER'S MAIDEN NAME: (Unknown) Atrich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: John F. Clagett, 6909 Carlton Terrace College Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Ventricular Tachycardia	10 mm.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Coronary Thrombosis	4 weeks
	DUE TO (c)		

420.0

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-20, 1953, to 6-29, 1953, that I last saw the deceased alive on 6-29, 1953, and that death occurred at 11:15 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (DEGREE OR TITLE) M.D. ADDRESS 4314 Baltimore St. Hyattsville, Md. DATE SIGNED 6-29-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 1st, 1953 — NAME OF CEMETERY OR CREMATORY: Trinity Cemetery — LOCATION (City, town, or county) (State): Marlboro, Prince Geo. Md.

DATE REC'D BY LOCAL REG. July 3 1953 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR ADDRESS: W.W. Chambers Co. Riverdale, Md.

RECEIVED
JUL 6 1953
BUREAU V. S.

00306

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 395 - A Sandy Springs Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) Box 395 - Sandy Springs Road

3. NAME OF DECEASED (Type or Print) (First) William (Middle) (Last) D'Alfonso

4. DATE OF DEATH (Month) 6 (Day) 8 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1-17-1883
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Tailor
11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY? 959

13. FATHER'S NAME Vincent D'Alfonso
14. MOTHER'S MAIDEN NAME Carmela Valenti

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Delores Cavanaugh. Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

491X Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Toxemia

(c) Broncho pneumonia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiovascular renal disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X Inspection X, Inquiry X therein and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney M.D. Dep. Med. Exam. Hyattsville Md 6-8-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/11/53
NAME OF CEMETERY OR CREMATORY St. Marys Cemetery
LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 6/8/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch & Sons Hyattsville Md ADDRESS

Recd by Me 6-16-53 M. Brashears

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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JUN 1 [illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 063077

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3230

1. PLACE OF DEATH:
COUNTY Prince George - MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Chevrly
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural give location) Colesville Pike

3. NAME OF DECEASED: (Type or Print) (First) Horace (Middle) G. (Last) Daniels

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4 April 1871

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joeisph Daniels

14. MOTHER'S MAIDEN NAME: Moranda Dove

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Span. Am. War

16. SOCIAL SECURITY No.: ?

17. INFORMANT & ADDRESS: Hosp. Records

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 Immediate cause	(a) Pulmonary edema	1 wk.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Myocardial infarction	1 wk.
	DUE TO (c) Arteriosclerotic heart disease	3 yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/31, 1953, to 6/5, 1953, that I last saw the deceased alive on 6/5, 1953, and that death occurred at 11.45 pm from the causes and on the date stated above.

SIGNATURE Julius Kauffman, (Degree or title) M. D. ADDRESS Bladensburg, Md. DATE SIGNED 6/6/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/9/1953
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REGISTRAR 6-7-1953
REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR ADDRESS R. Gasch's Sons Hyattsville, Md.
R. Gasch's Sons

VS. A15 M

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JUN 10 19
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. [illegible] 308

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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VS. A15A

3259

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capital Heights; LENGTH OF STAY (in this place) 14 mo; HOSPITAL OR INSTITUTION OR STREET ADDRESS 6102 Bass ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr Geo; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 6102 Bass Ave; STREET ADDRESS (If rural, give location) Capital Heights Md

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Regina (Last) Dempsey

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1953

5. SEX: Fem

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 26 1903

9. AGE last birthday: 50 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Bowlsyville Penna

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles McCreary

14. MOTHER'S MAIDEN NAME: Elizabeth Pierce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: [illegible]

17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Occlusion — Interval Between Onset and Death: 1 hr

420.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic gall bladder — 1 yr

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Home

(CITY OR TOWN): Capitol Heights (COUNTY): Pr Geo (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible]

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 7-1-53 | NAME OF CEMETERY OR CREMATORY: St. Pats Cemetery | LOCATION (City, town, or county) Norristown (State) Pa.

DATE REC'D BY LOCAL REG. 6-28 | REGISTRAR'S SIGNATURE: Amanda L Downey

24. FUNERAL DIRECTOR: J. Bosch & Sons ADDRESS: Hyattsville, Md

1953

RECEIVED
JUL 1 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06309

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (rural)
LENGTH OF STAY (in this place) 2 mos., & 13 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3501 Nichols Avenue, S. E.

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) (Last) DENEALE

4. DATE OF DEATH: (Month) (Day) (Year) June 9th 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH: 9/2/1896

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months - Days - IF UNDER 24 HRS.: Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steamfitter

10b. KIND OF BUSINESS OR INDUSTRY: Contract work, self employed

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward DeNeale

14. MOTHER'S MAIDEN NAME: Pehilah Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 002.X

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) PULMONARY TUBERCULOSIS	8 months
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of the larynx. Lung Abscess (left) — 3 yrs 4 months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 27th 1953, to June 9th 1953, that I last saw the deceased alive on June 9th 1953, and that death occurred at 7.45 A.m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Pinicane (DEGREE OR TITLE) M.D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Md. DATE SIGNED 6/9/53

23. ~~BURIAL, CREMATION REMOVAL~~ (Specify): Burial

DATE THEREOF 6/11/53

NAME OF CEMETERY OR CREMATORY Congressional Cemetery

LOCATION (City, town, or county) (State) Washington D. C.

DATE REC'D BY LOCAL REG. 6/9/53

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR W. W. Chambers Co ADDRESS 517-11th St. SE Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-3-51

RECEIVED
JUN 16 1953
BUREAU V. S.

310

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville, Md
LENGTH OF STAY (in this place) 2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5801-42nd Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville, Md
STREET ADDRESS (If rural, give location) 5801-42nd Ave.

3. NAME OF DECEASED (Type or Print) (First) George (Middle) William (Last) Dice

4. DATE OF DEATH (Month) 6 (Day) 14 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 9-10-71
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Machinist
11. BIRTHPLACE (State or foreign country) Washington DC
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Davis Dice
14. MOTHER'S MAIDEN NAME Hester A. Emerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Roy A. Henderson - 913 - Northampton Drive - Silver Springs

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Convalescing from fracture of left hip. Generalized arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney, M.D. Dep Med. Exam - Hyattsville, Md 6-14-53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 6/17/53
NAME OF CEMETERY OR CREMATORY CONGRESSIONAL
LOCATION (City, town, or county) WASHINGTON (State) DC

DATE REC'D BY LOCAL REG. June 15, 1953
REGISTRAR'S SIGNATURE Carrie F. Campbell.
24. FUNERAL DIRECTOR W W CHAMBERS, CO. ADDRESS 517-11 ST SE WASH. DC.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ay is especially important. Physicians: please write the causes of death clearly and legibly

U.S. ARMY

RECEIVED
BUREAU V. S.

311

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

66 R St., N.W. Washington, D.C.

1. PLACE OF DEATH: COUNTY Prine Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Heatsville
LENGTH OF STAY (in this place) 3 1/2 Year
HOSPITAL OR INSTITUTION OR STREET ADDRESS SACRED HEART HOME 5805 - QUEENS CHAPEL RD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~Maryland~~ COUNTY ~~Prince George~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ELLEN (Middle) (Last) DRISCOLL
4. DATE OF DEATH (Month) JUNE (Day) 4th (Year) 1953
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH August 8, 1874?
9. AGE last birthday 78? yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) government clerk
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Florence Driscoll, Ireland
14. MOTHER'S MAIDEN NAME Nellie Collins, Ireland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

446

Immediate cause (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 14 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Nephritis — 4 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1938, to June 4, 1953, that I last saw the deceased alive on June 3, 1953, and that death occurred at 4 45 p.m., from the causes and on the date stated above.

SIGNATURE Thomas Collins (Degree or title) MD ADDRESS 322 H St NE DATE SIGNED June 4-53

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify) DATE THEREOF 6-4-53 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) WASH. D.C.

DATE REC'D BY LOCAL REG. June 4, 1953 REGISTRAR'S SIGNATURE Mrs. Jas. Devere Deputy Coroner
24. FUNERAL DIRECTOR THOMAS B. HANLON ADDRESS 3831 GA AVE NW. WASH. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

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JUN 8 1973

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06312

CERTIFICATE OF DEATH

Reg. Dist. No. 231

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY P. G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bowie. Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) (Last) Duckett

4. DATE OF DEATH: (Month) June (Day) 7 (Year) 1953

5. SEX: M.
6. COLOR OR RACE: C.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): BABY
8. DATE OF BIRTH: 6-7-53
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 2 Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME: Duckett, Miss Evelyn

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

770.0

Immediate cause (a) Hydrops Fetalis

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Erythroblastosis

DUE TO

(c) "O" - "A" incompatability

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19.., to ..., 19.., that I last saw the deceased alive on ....., 19...., and that death occurred at 3:30 A.M. ..., from the causes and on the date stated above.

SIGNATURE G. A. Christensen (Degree or title) Md
ADDRESS College Park Md
DATE SIGNED 6/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 6/15/53
NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp
LOCATION (City, town, or county) Cheverly (State) Md

DATE REC'D BY LOCAL REGISTRAR 6/20/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harry W. Penn Jr.
ADDRESS Supt

2063285406

RECEIVED
JUN 23 1953
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C6313

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P.G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fairmont Heights
STREET ADDRESS (If rural give location) 6113 Kolb St., N.E.

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) (Last) Eaddy

4. DATE OF DEATH: (Month) june (Day) 11 (Year) 1953

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Apr 30, 1884

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Brick Mason

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): S.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Garrett Eaddy, 1814 Riggs Rd., N.W., D.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute myocardial infarction — Interval Between Onset And Death 3 1/4 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral hemorrhage; diabetes

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/2, 1953, to 6/11, 1953, that I last saw the deceased alive on 6/11, 1953, and that death occurred at 11:15 p.m., from the causes and on the date stated above.

SIGNATURE Julius Kauffman, M.D. (Degree or title) ADDRESS 5102 Annap. Rd. Bladensburg, Md DATE SIGNED 6/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 6/16/53

NAME OF CEMETERY OR CREMATORY Woodlawn, Cem.

LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REGISTRAR 6/12/53

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Malvau & Schey. ADDRESS 4211-R St N.W. Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 18 1953

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

314

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
STREET ADDRESS (If rural, give location) 3131 Parkway

3. NAME OF DECEASED (Type or Print) (First) Burd (Middle) Allen (Last) Eltringham
4. DATE OF DEATH (Month) June (Day) 20 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 25 Jan, 1886
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Policeman
10b. KIND OF BUSINESS OR INDUSTRY Reading Coal Co.
11. BIRTHPLACE (State or foreign country) Ashland Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Eltringham
14. MOTHER'S MAIDEN NAME Jean Robinson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. ?
17. INFORMANT AND ADDRESS Edith E. Dunsten As above # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442X Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John J. Maloney (Degree or title) M.D. Dep. Med. Exam. ADDRESS Hyattsville, Md. DATE SIGNED 6-20-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 23 June 1953
NAME OF CEMETERY OR CREMATORY Fountain Springs Cemetery
LOCATION (City, town, or county) Ashland (State) Penn.

DATE REC'D BY LOCAL REG. 6-19/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Bosch's Sons - Hyattsville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

,315

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (In this place) 9 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAUREL
STREET ADDRESS (If rural, give location) Riverdale, Md.

3. NAME OF DECEASED (Type or Print): (First) ROSE (Middle) NELL (Last) EPLER

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-15-1881

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Washington D. C.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: JOSEPH BLADEN

14. MOTHER'S MAIDEN NAME: JANE BROWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Ella Bird

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute congestive heart failure — Interval between onset and death:

904.0 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Shock

(c) Fractured femur - Operation for reduction of.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home
(CITY OR TOWN) Laurel — (COUNTY) Pr. Geo — (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 6-14-53 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fracture of femur due to fall in home

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney, M.D. Dep Med Exam Hyattsville, Md. 6-18-53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: 6-19-'53
NAME OF CEMETERY OR CREMATORY: ROCK CREEK
LOCATION (City, town, or county) (State): Washington D. C.

DATE REC'D BY LOCAL REG.: June 19, 1953
REGISTRAR'S SIGNATURE: James Devey

24. FUNERAL DIRECTOR ADDRESS

W.W. CHAMBERS CO. RIVERDALE MD.

RECEIVED
JUN 23 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

6316

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville; LENGTH OF STAY (In this place) Transient; HOSPITAL OR INSTITUTION OR STREET ADDRESS Behind Elementary School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 1101 Barnaby Terrace

3. NAME OF DECEASED (Type or Print): (First) Francis (Middle) Thomas (Last) Evans Jr

4. DATE OF DEATH: (Month) 6/ (Day) 16 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7/29/21

9. AGE Last birthday: 31 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pilot

10b. KIND OF BUSINESS OR INDUSTRY: U. S. A. F.

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Francis T. Evans

14. MOTHER'S MAIDEN NAME: Elizabeth K. Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 563-28-8339

17. INFORMANT AND ADDRESS: U. S. Airforce Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

X Immediate cause (a) Hemorrhage and Shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple crushing injuries to the body

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY In a wooded area (CITY OR TOWN) Forestville (COUNTY) P. G. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 6/16/53 3:10P; INJURY OCCURRED While at work ☒ Not while at work ☐; HOW DID INJURY OCCUR? Airplane crash

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Samuel D. Bond (Degree or title) M. D. ADDRESS Forestville, Md. DATE SIGNED 6/16/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 6-19-53; NAME OF CEMETERY OR CREMATORY Arlington National Cemt.; LOCATION (City, town, or county) Arlington, Va. (State)

DATE REC'D BY LOCAL REG. 16 June 53; REGISTRAR'S SIGNATURE Carrie Campbell Jones

24. FUNERAL DIRECTOR Chambers ADDRESS 517 11th St. S.E. Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 8 Days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY P.G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 5121-70th Place

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Julia (Last) Ferris

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 6, 1898
9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Lazor
14. MOTHER'S MAIDEN NAME: Anna ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mary Fyfe Hyattsville Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Vascular Accident — Interval Between Onset And Death: 8 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Essential Hypertension

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old Right Hemiplegia — 3 years.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-15, 1953, to 6-22, 1953, that I last saw the deceased alive on 6-22, 1953, and that death occurred at from the causes and on the date stated above.

SIGNATURE (Degree or title) Albert Roth M.D. ADDRESS Riverside DATE SIGNED 6/23/53

23. BURIAL, CREMATION, REMOVAL (Specify) Transportation
DATE THEREOF 6/23/53
NAME OF CEMETERY OR CREMATORY Wilkes Barre, Pa
LOCATION (City, town, or county) (State) Pennsylvania

DATE REC'D BY LOCAL REGISTRAR 6/23/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gascho sons Hyattsville Md ADDRESS

318

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capital Heights
LENGTH OF STAY (In this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 804-57th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capital Heights
STREET ADDRESS (If rural, give location) 804-57th Avenue

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Henry (Last) Fowler
4. DATE OF DEATH (Month) June (Day) 17 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 1868
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Owner
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William H. Fowler
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. NONE
17. INFORMANT AND ADDRESS Mrs Dellie Fowler, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 X

Immediate cause (a) Uremia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James I. Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 6-17-53

23. BURIAL, CREMATION REMOVAL (Specify) Cria
DATE THEREOF 6/19/53
NAME OF CEMETERY OR CREMATORY Epiphany Cn. Cem
LOCATION (City, town, or county) Forest Vi (State) E Md

DATE REC'D BY LOCAL REG. June 17-1953
REGISTRAR'S SIGNATURE Carrie T. Campbell
24. FUNERAL DIRECTOR J. Wm. Lees Son's ADDRESS 300-4th St N.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 19 1953
BUREAU V. S.

100

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
LENGTH OF STAY (In this place) 1 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS R R # 2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location) R R #2

3. NAME OF DECEASED (Type or Print): (First) Harvey (Middle) Eldred (Last) Fox also known as Fuchs
4. DATE OF DEATH (Month) June (Day) 20 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 1, 1897
9. AGE last birthday: 56 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. KIND OF OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Automobile
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Martin Fox
14. MOTHER'S MAIDEN NAME: Martha Stallman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) SW 1
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Edna C Fox same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gun shot wound of head

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Upper Marlboro (COUNTY) P.G. (STATE) Md.
TIME OF INJURY (Month) 6 (Day) 20 (Year) 53 (Hour) 6:00 A.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot self with a 45 Cal revolver

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: James J. Boyd (Degree or title) M.D. ADDRESS: Forestville Md. DATE SIGNED: 6-20-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 6/23/53
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county): Arlington (State): Va.

DATE REC'D BY LOCAL REG.: 6/21/53
REGISTRAR'S SIGNATURE: John F. Danner
24. FUNERAL DIRECTOR: Ritchie Bros. ADDRESS: Upper Marlboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
UN 23 1953
UREAU

1953
1997
56

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06320

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1 PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Gibson

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1953

5. SEX: F
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 26 May 1952
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 12 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Phillip Gibson
14. MOTHER'S MAIDEN NAME: Mildred Brooks

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: High Ridge RFD1 Laurel

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5

Immediate cause (a) Bronchopneumonia, confluent

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Atelectasis

DUE TO

(c) Prematurity (2,000 gms. 45 cm.)

Interval Between Onset And Death: 1 day

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 2:35 AM, from the causes and on the date stated above.

SIGNATURE T. A. Christinsky (Degree or title) Seal
ADDRESS College Park Md.
DATE SIGNED 6/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 10 1953
NAME OF CEMETERY OR CREMATORY Bacona Chapel
LOCATION (City, town, or county) (State) Ame Arundel to Md

DATE REC'D BY LOCAL REGISTRAR June 10-53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Ridgley Selby
ADDRESS 401 Wash ave Laurel Md

2053258403

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

RECEIVED
JUN 18 19[illegible]
BUREAU V[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

6321

Reg. Dist. No. 240

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly R
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) (Last) Green.

4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1953

5. SEX: M

6. COLOR OR RACE: Colored.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1 May 1893

9. AGE last birthday: 60 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unk.

14. MOTHER'S MAIDEN NAME: Eliza Green

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

600.0

Immediate cause (a) Uremia — Interval Between Onset And Death: 1 yr

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Acute renal insufficiency — 2 wks

DUE TO

(c) Bilateral pyonephrosis & hydroureter

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Testicular carcinoma (Not found at Autopsy)

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/8, 1953, to 6/13, 1953, that I last saw the deceased alive on 6/12, 1953, and that death occurred at 12 30 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) Julius Kauffman, M.D. ADDRESS 5102 Annapolis Road Bladensburg, Md. DATE SIGNED 6/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF June 16, 1953

NAME OF CEMETERY OR CREMATORY St. Phillips Episcopal

LOCATION (City, town, or county) (State) Aquasco, Rt. Upper Marlboro, Md.

DATE REC'D BY LOCAL REGISTRAR June 14, 1953

REGISTRAR'S SIGNATURE F. N. Billingsley

24. FUNERAL DIRECTOR Leroy E. Berry ADDRESS Huntingtown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00322

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY L
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brandywine
STREET ADDRESS (If rural give location) Box 10 - Rt. 1

3. NAME OF DECEASED: (Type or Print) (First) Sadie (Middle) (Last) Greer
4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: July 3, 1890
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): H.W.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Brooklyn N.Y.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Bahr
14. MOTHER'S MAIDEN NAME: Henrietta Atlas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: George W Greer.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Bladder — Interval Between Onset And Death: 6 months

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Carcinoma of Right Ovary — 3 months
DUE TO (c) with metatases to abdominal viscera

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 10 yrs

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) No m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953 to June 6, 1953 that I last saw the deceased alive on June 6, 1953, and that death occurred at 11:15 P.M. from the causes and on the date stated above.
SIGNATURE James L. Sasscer (Degree or title) M.D. — ADDRESS Upper Marlboro - Md — DATE SIGNED 6-7-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/9/53
NAME OF CEMETERY OR CREMATORY St Barnabas
LOCATION (City, town, or county) Oxen Hill (State)
DATE REC'D BY LOCAL REGISTRAR 6-8-53
REGISTRAR'S SIGNATURE Amanda Downey cms
24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS Waldorf

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

COPY SENT TO LOCAL REGISTRAR No.____DATE_____

RECEIVED
JUN 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince Geo. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park Md
STREET ADDRESS (If rural, give location) 4900 Ruatan St

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Allen (Last) Griffith

4. DATE OF DEATH: (Month) 6 (Day) 16 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 6-28-1880
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Med. Dr
10b. KIND OF BUSINESS OR INDUSTRY: Doctor
11. BIRTHPLACE (State or foreign country): Upper Marlboro - Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Allen Griffith
14. MOTHER'S MAIDEN NAME: Bettie Webb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO.: yes
17. INFORMANT & ADDRESS: Josephine G. Kleiner (Daugh)

18. MEDICAL CERTIFICATION ap 7-1155

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause	(a)	Cerebral haem.	3 yrs
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Hypertension	5 yrs
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1950, to 6-16, 1953 that I last saw the deceased alive on 6-16, 1953, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE Leonard Hay (DEGREE OR TITLE) M.D. ADDRESS Hyattsville Md. DATE SIGNED 6-16-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 6/18/53
NAME OF CEMETERY OR CREMATORY London Park
LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. June 17, 1953
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR F. Gesch & Sons ADDRESS Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AT 8-51

RECEIVED
JUN 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

324

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount Hts — LENGTH OF STAY (In this place) 22 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1014 - 62nd Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount Heights
STREET ADDRESS (If rural, give location) 1014 - 62nd Place

3. NAME OF DECEASED (Type or Print): (First) Daniel (Middle) (Last) Grimes

4. DATE OF DEATH: (Month) 6 (Day) 12 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 16, 1894

9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Messenger

10b. KIND OF BUSINESS OR INDUSTRY: Veterans Adm.

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Grimes

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — If yes, give war or dates of service:

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

442

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D Maloney M.D. Dep. Med. Exam. Hyattsville, Md. 6-12-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: June 12, 1953 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) Washington (State)

DATE REC'D BY LOCAL REG. 6-12-53 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: W Ernest Jarvis Co — ADDRESS: 1432 You St NW Wash DC

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH: COUNTY Pr Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco, Md
LENGTH OF STAY (in this place) 11 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pr Georges COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) IRVING (Middle) BENSON (Last) HARDY
4. DATE OF DEATH (Month) V June (Day) 30 (Year) 1953
5. SEX Male
6. COLOR OR RACE Blk
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH AUG. 11, 1952
9. AGE last birthday 0 yrs. If under 1 year Months 10 Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child
10b. KIND OF BUSINESS OR INDUSTRY Child.
11. BIRTHPLACE (State or foreign country) Garfield Hospital, Wash. D.C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME HERBERT LANCESTER HARDY
14. MOTHER'S MAIDEN NAME SARAH ~~B. HARDY~~ Pond
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Grandmother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Ruptured cerebromeningeal spina bifida

Antecedent cause(s) (b) meningitis — 3 days

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) non m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1952, to June, 1953 that I last saw the deceased alive on June 28, 1953, and that death occurred at 5:05 P.M., from the causes and on the date stated above.

SIGNATURE Alfred R. Lapen, M.D. (Degree or title) ADDRESS Clinton, Maryland DATE SIGNED June 30, 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 2
NAME OF CEMETERY OR CREMATORY John Wesley Church Cem.
LOCATION (City, town, or county) Aquasco, Md. (State)

DATE REC'D BY LOCAL REG. July 1st, 1953
REGISTRAR'S SIGNATURE F. H. Billingsley
24. FUNERAL DIRECTOR Leroy E. Perry
ADDRESS Huntingtown, Md.

9V8299V99V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

RECEIVED
JUL 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 254

326

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accokeek
LENGTH OF STAY (In this place) 9 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 224

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accokeek
STREET ADDRESS (If rural, give location) Route # 224

3. NAME OF DECEASED (Type or Print) (First) Hattie (Middle) Louise (Last) Hawkins

4. DATE OF DEATH (Month) 6 (Day) 11 (Year) 1953

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan 17, 1891
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Wood
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) [illegible]
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Lifria Allen Accokeek, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 X

Immediate cause (a) Acute Congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James F. Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 6-11-53

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 6-11-53
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. 6/11-53
REGISTRAR'S SIGNATURE Howard F Beall
24. FUNERAL DIRECTOR [illegible] ADDRESS 5614.4[illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-215A

RECEIVED
JUL 3 1953
BUREAU

327

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Suitland
LENGTH OF STAY (In this place) transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suitland Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hillcrest Heights
STREET ADDRESS (If rural, give location) 5000 24th Ave -

3. NAME OF DECEASED (Type or Print) (First) Wilbur (Middle) Joseph (Last) Healey

4. DATE OF DEATH (Month) (Day) (Year) 6-27 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 7-17-1902
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor
10b. KIND OF BUSINESS OR INDUSTRY Painting
11. BIRTHPLACE (State or foreign country) Washington, DC
12. CITIZEN OF WHAT COUNTRY? U.S.G.

13. FATHER'S NAME John Healey
14. MOTHER'S MAIDEN NAME Florence ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Elizabeth J. Healey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary occlusion

(c) Coronary sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street
(CITY OR TOWN) (COUNTY) (STATE) Suitland - Prince Georges. Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 6-27-53 7:00 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Deceased was driver of a car in collision with another - No injury.

22. I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE John T. Maloney (Degree or title) M.D. ADDRESS Cheverly, Md - DATE SIGNED June 28-1953

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 6/30/53 NAME OF CEMETERY OR CREMATORY Cedar Hill Cem LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. 6-28/19 REGISTRAR'S SIGNATURE Amanda Dorony
24. FUNERAL DIRECTOR R. A. Mattingly ADDRESS 131-11th St. S.E. Wash. D.C.

6/29. 53 Howard J Beach

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. form T

1. PLACE OF DEATH: COUNTY Prince George's; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheltenham; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS A. H. Smith Gravel Pit.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clements; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) McKinley (Last) Herbert

4. DATE OF DEATH: (Month) 6 (Day) 15 (Year) 53

5. SEX Male (Male)

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 10/25/96

9. AGE Last birthday 56 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY General

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Joseph Bernard Herbert

14. MOTHER'S MAIDEN NAME Mary Elizabeth Herbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Wm. S. Herbert, Clements, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

910.3

Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Multiple fractures of the left leg and thigh Fracture of the skull, Crushed chest and abdomen

(c) Multiple abraisions and burns of the head, arms legs and body

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Gravel pit

(CITY OR TOWN) Cheltenham (COUNTY) P. G. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 6/15/53 1:30P.m.

INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? Crushed under a gravle shute

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) M. D. ADDRESS Forestville DATE SIGNED 6/15/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 6-19-53; NAME OF CEMETERY OR CREMATORY St. Joseph Cem.; LOCATION (City, town, or county) (State) Morganza, Md.

DATE REC'D BY LOCAL REG. 6/16/53; REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR P. B. Robinson - Leonardtown, Md. ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel — LENGTH OF STAY (in this place): 5 yr. 10 mo. 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1852 Columbia Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): FLORA BARBARA HOREN
4. DATE OF DEATH (Month) (Day) (Year): 6 - 25 - 1953
5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: 4-26-1869
9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Stahl
14. MOTHER'S MAIDEN NAME: Mary Weber
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Dr. Edward B. Horen 1852 Columbia Rd. Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Chronic Myocarditis — Several Years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Endocarditis — " "

(c) Pulmonary Hypostatic Congestion — 6 weeks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Arteriosclerosis — Several Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-30, 1949, to 6-25, 1953, that I last saw the deceased alive on 6-25-, 1953, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE: James P. Sands, M.D. (Degree or title) — ADDRESS: Laurel Sanitarium, Laurel, Md. — DATE SIGNED: 6-25-53

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF: 6-25-53 — NAME OF CEMETERY OR CREMATORY: Crash [illegible] — LOCATION (City, town, or county) (State): Crash [illegible]

DATE REC'D BY LOCAL REG.: June 25-53 — REGISTRAR'S SIGNATURE: M. Brashears — 24. FUNERAL DIRECTOR — ADDRESS: W. H. Huntemann & Son 5732 Ha[illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 330

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Maryland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 3900 Oglethrope

3. NAME OF DECEASED: (Type or Print) (First) Virginia (Middle) (Last) Humphreys
4. DATE OF DEATH: (Month) June (Day) 26, (Year) 19 53

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Aug. 14, 1911
9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own
11. BIRTHPLACE (State or foreign country): North Dakota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Luther E. Thompson
14. MOTHER'S MAIDEN NAME: Lula Cooper

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No:
17. INFORMANT & ADDRESS: Jesse B. Humphrey - 3900 Oglethrope St. Hyattsville

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
540.0
Immediate cause (a) Generalized Peritonitis due to wound disruption
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 11, 1953
19b. MAJOR FINDINGS OF OPERATION Duodenal (Marginal ulcer - gastric resection
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953 to June, 1953, that I last saw the deceased alive on June 26, 1953 and that death occurred at 8 45 P.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) W. L. Etienne M.D. ADDRESS College Park, Md. DATE SIGNED 6-26-53

23. BURIAL, CREMATION, REMOVAL (Specify) transportation
DATE THEREOF 6/28/53
NAME OF CEMETERY OR CREMATORY Bluefield
LOCATION (City, town, or county) (State) west va
DATE REC'D BY LOCAL REGISTRAR 6/28/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gascha sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3765 - 3763

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 33231

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville (College Heights
STREET ADDRESS (If rural give location) 7006 Southwark Terrace.

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) M. (Last) Johnson
4. DATE OF DEATH: (Month) 6 (Day) 28 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): (M)
8. DATE OF BIRTH: 8-5-12
9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Allen G. W. McCartney
14. MOTHER'S MAIDEN NAME: Bertha Pearl ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Wm. Guy Johnson (Husband) Same as 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

583X

Immediate cause (a) Bile Meningitis, Coma — Interval Between Onset And Death: 10 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hepatitis, obstructive } internal / external — 5/20/53

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/8 1953 to 6-28, 1953, that I last saw the deceased alive on 6/28, 1953, and that death occurred at 3:22 P.M. from the causes and on the date stated above.

SIGNATURE George Hagerage (Degree or title) U.O. ADDRESS 3717-38 Ave. DATE SIGNED 6/29/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-3-1953
NAME OF CEMETERY OR CREMATORY Lincoln Cemetery
LOCATION (City, town, or county) Colmar Manor (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7-1-1953
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville, Md.

3757

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]332

CERTIFICATE OF DEATH

Reg. Dist. No. 432

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George — STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) A. (Last) Jones

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: May 30 1911

9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Groom

10b. KIND OF BUSINESS OR INDUSTRY: Race Horses

11. BIRTHPLACE (State or foreign country): Upper Marlboro

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John T. Jones

14. MOTHER'S MAIDEN NAME: Mary Boyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-28-2746

17. INFORMANT & ADDRESS: Clara Hunt Upper Marlboro

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

153X

Immediate cause (a) Carcinoma of Colon — 6 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary Anemia — 3 months

19a. DATE OF OPERATION: Feb 1953

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Colon

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NO

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY NO m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953, to June 22, 1953, that I last saw the deceased alive on June 22, 1953, and that death occurred at 2.55 A.M., from the causes and on the date stated above.

SIGNATURE James C. Fassett (Degree or title) M.D. ADDRESS Upper Marlboro, Md. DATE SIGNED 6-23-53

23. BURIAL, CREMATION, REMOVAL - (Specify) Burial — DATE THEREOF June 25/53 — NAME OF CEMETERY OR CREMATORY Mt. Carmel — LOCATION (City, town, or county) Upper Marlboro — (State) Md

DATE REC'D BY LOCAL REGISTRAR June 24, 1953 — REGISTRAR'S SIGNATURE John F. Danner. — 24. FUNERAL DIRECTOR J. B. Johnson — ADDRESS Annapolis, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 333

CERTIFICATE OF DEATH

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY—WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3400 - Bunker Hill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural give location) 3400 - Bunker Hill Rd.

3. NAME OF DECEASED: (Type or Print) (First) VINCENT (Middle) (Last) JULIANO

4. DATE OF DEATH: (Month) 6 (Day) 3 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 6/2/1885

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Tailor

10b. KIND OF BUSINESS OR INDUSTRY: Woman Clothes

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Juliano

14. MOTHER'S MAIDEN NAME: Theresa Papalluci

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W.W. #1.

16. SOCIAL SECURITY No.: 579-05-2335

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
433.0 Immediate cause	(a) Paroxysmal Ventricular Fibrillation	immed.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Stoken-Adams Syndrome	2 yrs
	DUE TO (c) Complete Heart Block	2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to May, 1953, that I last saw the deceased alive on May 29 1953, and that death occurred at 11:30 AM, from the causes and on the date stated above.

SIGNATURE Benjamin S. Miller (Degree or title) M.D. ADDRESS 3824-34 Rt. Mt. Rainier DATE SIGNED June 3 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 6/6/53 | NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem. | LOCATION (City, town, or county) (State) Colmar Manor Md.

DATE RECD BY LOCAL REGISTRAR June 6 1953 | REGISTRAR'S SIGNATURE James Devey

24. FUNERAL DIRECTOR Talley's Funeral Home ADDRESS 3200 Rhode Is. Ave. Mt. Rainier, Md.

VS. A15

RECEIVED
JUN 8 1953
BUREAU V.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

334

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
LENGTH OF STAY (in this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural, give location) 3304 Perry St.

3. NAME OF DECEASED (Type or Print): (First) Harmon (Middle) Henry (Last) Kamper
4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Dec. 21, 1876
9. AGE last birthday: 76 yrs. If under 1 year: Months 5, Days 28; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telegraph Operator
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Enterprise, Miss.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Fred William Kamper
14. MOTHER'S MAIDEN NAME: Margaret Koster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mrs. Freddie H. Kamper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	30 mins.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	6 yrs.
	(c)	

420.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 15, 1948, to June 19, 1953, that I last saw the deceased alive on June 19, 1953 and that death occurred at 8.45 p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles C. Hageage	M.D.	3308 Perry St. Mt Rainier Md.	6/19/53

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/20/53	Interment	Mississippi

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/19/53	Amanda Downey	The S.H. Kenner Co	2901-14th St. N.W. Wash. D.C.

June 23 1953 James J. Gray

RECEIVED
JUN 26 1953
DEPARTMENT OF STATE

MARYLAND STATE DEPARTMENT OF HEALTH

335

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN High Bridge — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS High Bridge Road Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN High Bridge - Bowie
STREET ADDRESS (If rural, give location) Highbridge Rd.

3. NAME OF DECEASED (Type or Print): (First) Louis (Middle) Frank (Last) Kast
4. DATE OF DEATH: (Month) 6 (Day) 21 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 24, 1901
9. AGE Last birthday 51 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Equipment Specialist
10b. KIND OF BUSINESS OR INDUSTRY Naval Gun Fac
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Louis Kast
14. MOTHER'S MAIDEN NAME Johanna Fischer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) U.S. Navy
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Gilbert T. Kast - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia

929.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Suffocation

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc) OF INJURY Main Home | (CITY OR TOWN) High Bridge - Pr. Geo. - (COUNTY) (STATE) Md.

TIME OF INJURY (Month) 6 (Day) 21 (Year) 53 (Hour) 5:30 p.m. | INJURY OCCURRED While at work ☐ Not while at work X | HOW DID INJURY OCCUR? Fell into well while trying to save a friend who had fallen in

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
John D. Maloney M.D. Dep. Med. Exam. Hyattsville, Md. 6-21-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF June 23/53 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REG. 6-22 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR AND ADDRESS E. Gaddis Sons Hyattsville Md.

1953 6/24/53 Agnes M. Yingling

VS. A15A

RECEIVED
26 1953
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 00336 245

1. PLACE OF DEATH: Hyattsville Convalescent Home
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
LENGTH OF STAY (in this place) 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5801 - 42nd Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: District of Columbia
STATE COUNTY 43
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 122 - 3rd St., NE

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) LEVINIA (Last) KAUFFMAN

4. DATE OF DEATH: (Month) June (Day) 9, (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Aug. 10, 1875
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Coatesville, Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Kauffman
14. MOTHER'S MAIDEN NAME: Unk.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: John Kauffman 122 - 3rd St., NE, Washington, D.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
420.0 Immediate cause	(a) DUE TO	Left heart failure and cardiac arrest	5 minutes
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	Arteriosclerotic heart disease	35 years
	(c)	Severe generalized arteriosclerosis	40 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic pneumonia, both lungs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 26, 1953, to June 9, 1953, that I last saw the deceased alive on June 9, 1953, and that death occurred at 7:20 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Hugh S. Geiger, Jr., M.D.
ADDRESS 2716 Kirkwood Place, Apt. 102 Hyattsville, Md.
DATE SIGNED June 9, 1953

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF 6-12-53
NAME OF CEMETERY OR CREMATORY Coatesville Pa Cem.
LOCATION (City, town, or county) Chester Co. Pa. (State)
DATE REC'D BY LOCAL REGISTRAR 6-9-53 6-16-53
REGISTRAR'S SIGNATURE Amanda Downey James Severy
24. FUNERAL DIRECTOR J. Wm Lees Sons Co.
ADDRESS Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

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RECEIVED
JUN 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06337

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct an... is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) 5 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater
~~STREET ADDRESS~~ (If rural, give location) Maryland

3. NAME OF DECEASED (Type or Print): (First) Annabelle (Middle) (Last) Kemp

4. DATE OF DEATH: (Month) 6 (Day) 15 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9-11-1892

9. AGE last birthday: 60 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James A. Stockman

14. MOTHER'S MAIDEN NAME: Ella Reuter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Husband - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

332X **Immediate cause** (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebro vascular thrombosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident , suicide , homicide , undetermined .*

SIGNATURE: John J. Maloney (Degree or title) M.D. Dep. Med. Exam. ADDRESS Upper Marlboro Md. DATE SIGNED 6/15/53

BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF 6/17/53 — NAME OF CEMETERY OR CREMATORY: Washington National — LOCATION (City, town or county) (State): Suitland Md.

DATE REC'D BY LOCAL REG. 6/15/53 — REGISTRAR'S SIGNATURE: Amanda Downey

FUNERAL DIRECTOR: F. Gasche and Hyattsville Md. — ADDRESS

RECEIVED
JUN 18
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06338

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

3736

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg — LENGTH OF STAY (In this place) 34
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3802 Kenilworth Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
STREET ADDRESS (If rural, give location) 3802 Kenilworth Ave

3. NAME OF DECEASED (Type or Print): (First) Paul (Middle) (Last) Kidwell

4. DATE OF DEATH: (Month) 6 (Day) 17 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Aug. 23, '99

9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Standard Brands

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Francis Kidwell

14. MOTHER'S MAIDEN NAME: [redacted] Steadman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 573-05-0817

17. INFORMANT AND ADDRESS: Brother - 4403 - 38th St. Brentwood Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral laceration

(c) Gun shot wound of head.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Craniotomy & throat

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home — (CITY OR TOWN) Bladensburg — (COUNTY) Pr. Geo. — (STATE) Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY 6-16-53 P. m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Self inflicted wound of head

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

John J. Maloney M.D. Dep. Med. Exam. — Hyattsville, Md. 6-17-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 19 6-21-53 — NAME OF CEMETERY OR CREMATORY [illegible] — LOCATION (City, town, or county) (State) Bladensburg Md

DATE REC'D BY LOCAL REG. 6-18- — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR — ADDRESS B. Francis Son 2 [illegible] Md

1953 ✝

RECEIVED
JUN 23 1953
REAU V. S

16339

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Geo MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
LENGTH OF STAY (in this place) 6 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4319 - Silver Hill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
STREET ADDRESS (If rural, give location) 4319 Silver Hill Rd.

3. NAME OF DECEASED (Type or Print) (First) Wilbur (Middle) Logan (Last) Kimmel

4. DATE OF DEATH (Month) June (Day) 21 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH July 27, 1874
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Foreman (Retired)
10b. KIND OF BUSINESS OR INDUSTRY Railway Express
11. BIRTHPLACE (State or foreign country) Wash. D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Hiram Kimmel
14. MOTHER'S MAIDEN NAME Mary Uncle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT Mrs Gertrude Guevara

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ therean and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James I. Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 6-21-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/24/53
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) Suitland Rd - Pr. Geo, (State) Md

DATE REC'D BY LOCAL REG. June 22, 1953
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR W. W. Chambers Co - 517-11th St S.E. Wash. D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

8750
340

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (In this place) 1 1/2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Deanwood Park
STREET ADDRESS (If rural, give location) 1117 - Eastern Ave

3. NAME OF DECEASED (Type or Print) (First) Roena (Middle) Kitts (Last) alias Hunter

4. DATE OF DEATH (Month) 6 (Day) 21 (Year) 1953

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Nov 10, 1933.
9. AGE last birthday 21 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Alabama
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Isaac Kitt
14. MOTHER'S MAIDEN NAME Emma Terel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Isaac Kitts, Cleveland Ohio

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

936.0

Immediate cause (a) Cerebral edema

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral concussion

(c) Blows on head.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Deanwood Park (COUNTY) Pr. Geo. (STATE) Md.
TIME OF INJURY (Month) 6 (Day) 20 (Year) 53 (Hour) A. 4:00 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Undetermined at this time.

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John J. Maloney M.D. (Degree or title) Dep. Med. Exam. ADDRESS Hyattsville, Md DATE SIGNED 6-21-53

23. BURIAL, CREMATION OR MOVAL (Specify) Removal
DATE THEREOF 6/22/53
NAME OF CEMETERY OR CREMATORY Washington
LOCATION (City, town, or county) DC (State)

DATE REC'D BY LOCAL REG. 6-22-53
REGISTRAR'S SIGNATURE Amanda L. Downey
24. FUNERAL DIRECTOR F. Gusch's sons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED

BUREAU V. C

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 341

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale, Md
LENGTH OF STAY (in this place) 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale
STREET ADDRESS (If rural, give location) 6132 Baltimore Ave

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) William Daniel Kneessi

4. DATE OF DEATH: (Month) (Day) (Year) 6 - 24 1953

5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec 12 - 1880
9. AGE last birthday: 72 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Govt worker
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Wash. D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick William Kneessi
14. MOTHER'S MAIDEN NAME: Laura Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Wife — Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
177X
Immediate cause (a) Carcinoma of prostate
DUE TO with Metastases
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: 4 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1940, to June 24, 1953, that I last saw the deceased alive on June 23, 1953, and that death occurred at 12 3/4 m., from the causes and on the date stated above.

SIGNATURE L. W. Malvin MD (DEGREE OR TITLE) ADDRESS Riverdale, Md DATE SIGNED 6-24-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 6/26/53
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REG. 6 - 25 - 1953
REGISTRAR'S SIGNATURE Mrs. Jas Severe Deputy Local
24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 3-51

RECEIVED
JUN 29
BUREAU V. S.

Items in red Film GL55 7/6/53 WHW

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 — 18342

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Cheverly
LENGTH OF STAY (In this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: X
STATE D.C. COUNTY 7
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 1401 Montana Ave N.E.
STREET ADDRESS (If rural give location) Washington D C

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) (Last) KNOTT
4. DATE OF DEATH: (Month) 6 (Day) 29 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	(M)	5-3-92	61 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Tire Co.
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Levi Knott
14. MOTHER'S MAIDEN NAME: Fannie — —

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Ida Knott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
Immediate cause (a) Acute Coronary Insufficiency
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Thrombosis
DUE TO
(c)

Interval Between Onset And Death: 6 hrs

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-29, 19 53 to 6-29, 19 53 that I last saw the deceased alive on 6-29, 19 53 and that death occurred at 3:20 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) A. Dent Lenp. M.D.
ADDRESS H Hattell Md
DATE SIGNED 6-29-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-1-53
NAME OF CEMETERY OR CREMATORY King David Gardens
LOCATION (City, town, or county) (State) Falls Church Va

DATE REC'D BY LOCAL REGISTRAR 7-1-53
REGISTRAR'S SIGNATURE Amanda Mahoney
24. FUNERAL DIRECTOR B Benjamin Key & Son
ADDRESS 3501-14 St NW Wash D C

RECEIVED
JUL 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 343

CERTIFICATE OF DEATH

Reg. Dist. No. 244

1. PLACE OF DEATH: USAF Hospital,
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Andrews AF Base
LENGTH OF STAY (in this place) 1 hr, 5 Min
HOSPITAL OR INSTITUTION OR STREET ADDRESS USAF HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY 4
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington,
STREET ADDRESS (If rural give location) 5125 V Street, S.E.

3. NAME OF DECEASED: (Type or Print) (First) Alan (Middle) S (Last) Kozlowski

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1953

5. SEX: M

6. COLOR OR RACE: Cau

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 20 November 1952

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 7 Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NA

10b. KIND OF BUSINESS OR INDUSTRY: NA

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stanley F. Kozlowski

14. MOTHER'S MAIDEN NAME: Betty J. Hendrixs

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) Na

16. SOCIAL SECURITY No.: NA

17. INFORMANT & ADDRESS: Stanley Kozlowski 5125 V Street, Washington, D.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: 1 hr-50 min

902.0

Immediate cause (a) Fracture of the Occiput, depressed

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) NA

DUE TO

(c) NA

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NA

19a. DATE OF OPERATION: NA

19b. MAJOR FINDINGS OF OPERATION: NA

20. AUTOPSY? Yes X No ☐

21. ACCIDENT X SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home

(CITY OR TOWN) Washington (COUNTY) — (STATE) D.C.

TIME OF INJURY (Month) (Day) (Year) (Hour) June 22 1953 1130

INJURY OCCURED While at Work ☐ Not While At Work X

HOW DID INJURY OCCUR? Child fell from playpen

22. I hereby certify that I attended the deceased from 22 June, 1953, to 22 June, 1953, that I last saw the deceased alive on 22 June, 1953, and that death occurred at 1320 hours, from the causes and on the date stated above.

SIGNATURE Sidney Kaplan Capt U.S.A.F. (M.C.) SIDNEY KAPLAN CAPT USAF (MC)

ADDRESS USAF HOSPITAL, Andrews AFB, Wash 25, DC

DATE SIGNED 24 June 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 25 June 1953

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 24 Jun 53

REGISTRAR'S SIGNATURE Richard A. Gilry Lt USAF

24. FUNERAL DIRECTOR W.W. CHAMBERS

ADDRESS 517 11th St., S.E. Wash, D.C.

9UX2 99V 99V Margaret E. Wilbur, mnt.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 26 1953
BUREAU V

3758

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 75 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Ge
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 5622 Quincy St

3. NAME OF DECEASED: (Type or Print) (First) Herbert (Middle) (Last) Lamkin

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1953

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 5 Feb 1873
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: US Navy Yard
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY? U.S.a

13. FATHER'S NAME: Overton B. Lamkin
14. MOTHER'S MAIDEN NAME: Azalia Crown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records - Cheverly Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

		Interval Between Onset And Death
Immediate cause	(a) Pulmonary edema	2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Congestive heart failure	2 days
	DUE TO (c) Arteriosclerotic heart disease	Indeterminable

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, uremia, C.V.A., decubitus ulcers.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1950, to 6/26, 1953, that I last saw the deceased alive on 6/25, 1953, and that death occurred at 6 10 A.M., from the causes and on the date stated above.

SIGNATURE Julius Kauffman, (Degree or title) M.D. ADDRESS 5102 Annapolis Rd. Bladensburg, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/29/53
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REGISTRAR 6-28 1953
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Gasche Sons ADDRESS Hyattsville Md

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

116345

Reg. Diat. No. 242

1. PLACE OF DEATH:
County: Prince Georges
City or town: Carmody Hills
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 Years
Hospital, Institution, or street address where death occurred: 510 73rd St
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Pr. Geos.
City or town: Carmody Hills
(If outside city or town limits, write RURAL and give nearest town)
Street No. 510 - 73rd St
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Robert Mac Donald

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Alice G Mac Donald
6.(c) If alive, give age: 61 years

7. Birth date of deceased (mo., day, yr.): Aug 2 1895

8. AGE: Years: 57 Months: Days: If less than one day: hrs. min.

9. Birthplace: Washington D.C. (Town, county, and state)

10. Usual occupation: Truck Driver

11. Industry or business

FATHER
12. Name: Charles B Mac Donald
13. Birthplace: Glasgow Scotland

MOTHER
14. Maiden name: Sarah Keating
15. Birthplace: Washington D.C.

16. Informant: Alice G Roberts
Address: 510 - 73rd St, Wash 27 D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 9 1953 (month) (day) (year)
Cemetery or crematory: Cedar Hill Cemetery
Location: Suitland, Md.

18. Funeral director: J. Wm Lee Sons Co
Address: Washington D.C.

June 7 1953 (Date rec'd by registrar)
Carrie F. Campbell (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 6 1953, at 7:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 17 1952 to June 6 1953 and that I last saw him alive on June 3 1953

Immediate cause of death	DURATION
Congestive Heart Failure	72 hrs
Due to Hypertensive Heart Disease	8 mths
Due to	
Other conditions Coronary Insufficiency	8 mths

420.1
(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: W Suit Ritchie MD (M. D. or other)
Address: 7005 Ritchie Rd SE Wash 27 D.C. Date signed: 6/6/53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 9-45 15M

RECEIVED
JUN 10 1972
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Leland Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 4705 - 40th. Ave.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Susan Adella Mattis

4. DATE OF DEATH: (Month) (Day) (Year) June 4, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 6/25/1869
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months + Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Mass.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Nottingham
14. MOTHER'S MAIDEN NAME: Laura Card

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450.0

Immediate cause (a) Senildy — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) (b) Arteriosclerosis — Years

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1/, 1953, to 6/4, 1953, that I last saw the deceased alive on 6/4, 1953, and that death occurred at 3:40 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Chas B Ulshafer, MD. Leland Mem. Hosp 6-4-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 6/4/53
NAME OF CEMETERY OR CREMATORY —
LOCATION (City, town, or county) (State) Pittsfield, Mass.

DATE REC'D BY LOCAL REG. June 4, 1953
REGISTRAR'S SIGNATURE Mrs. Jas. Severe (Deputy Secy.)
24. FUNERAL DIRECTOR W. W. Chambers Co., ADDRESS Riverdale, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

BUREAU
JUN 8 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
STREET ADDRESS (If rural, give location) 3704 Bunker Hill Rd. Apt.# 4

3. NAME OF DECEASED: (Type or Print) (First) FRED (Middle) (Frederick) (Last) MAY BURY

4. DATE OF DEATH: (Month) (Day) (Year) June 12th, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 22nd, 1889
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Greyhound Bus Co.
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Helen M. Maybury, 3704 Bunker Hill Rd. Brentwood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

442X
Immediate cause (a) Cerebro-vascular accident (thrombosis) — INTERVAL BETWEEN ONSET AND DEATH: 28 days
DUE TO
Antecedent cause(s) (b) hypertensive cardio-vascular-renal disease
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
260X (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 May, 1953, to 11 June 1953, that I last saw the deceased alive on 11 June, 1953, and that death occurred at 7:15 A.m., from the causes and on the date stated above.

SIGNATURE Leon L Gallier MD (DEGREE OR TITLE) 3827-34th St ADDRESS Mt. Rainier Md DATE SIGNED 12 June '53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF June 13/53
NAME OF CEMETERY OR CREMATORY St. Stephen's Cem.
LOCATION (City, town, or county) (State) Fort Thomas, Kentucky

DATE REC'D BY LOCAL REG. 6-12-1953
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W.W.Chambers Company, ADDRESS Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

RECEIVED
JUN 18 1993
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27-V

1. PLACE OF DEATH: COUNTY PRINCE GEORGES. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN AVONDALE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN AVONDALE, HYATTSVILLE.
STREET ADDRESS (If rural, give location) 2103 - INGRAHAM ST.

3. NAME OF DECEASED (Type or Print): (First) ELLEN (Middle) FRANCES (Last) MC CARTHY
4. DATE OF DEATH (Month) JUNE (Day) 28TH (Year) 53

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH APRIL 19 1879 | 9. AGE last birthday 74 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) COUNTY CORK, IRELAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME DANIEL SULLIVAN
14. MOTHER'S MAIDEN NAME CATHERINE DRISCOLL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS ELLEN MARIE MC CARTHY SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Embolus — 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis (c) Ulcers Lower Legs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 19 53 to June 28, 19 53, that I last saw the deceased alive on June 28, 19 53 and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Elizabeth Bailey MD 35 - W. Ch. Va. June 29 53

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 7-1-53 | NAME OF CEMETERY OR CREMATORY MT. OLIVET CEMETERY | LOCATION (City, town, or county) WASHINGTON D.C. (State)

DATE REC'D BY LOCAL REG. 6/30/53 | REGISTRAR'S SIGNATURE Amanda Warren

24. FUNERAL DIRECTOR THOMAS B. HANLON ADDRESS 3831-GA. AVE NW. WASH. D.C.

7/1/53 James Berry

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 3 1953
BUREAU V. S.

349

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillside — LENGTH OF STAY (in this place) 9 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 4615 Southern Ave
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4615 Southern Ave.	STREET ADDRESS (If rural, give location) Hillside, Md.

3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle) –	(Last) MEYER	4. DATE OF DEATH	(Month) June (Day) 30 (Year) 1953
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH December 7, 1864	9. AGE last birthday 89 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) St. Genevieve, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME William Bausler	14. MOTHER'S MAIDEN NAME Catherine (? last name)				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Mrs Geo Wood – 4615 Southern Ave, Hillside Md			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Generalized arteriosclerosis with cardio-vascular renal disease	10 years
Antecedent cause(s)	(b) Diabetes mellitus	15 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Gangrene of foot + leg.	10 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1952, to June 30, 1953, that I last saw the deceased alive on June 30, 1953, and that death occurred at 5 45 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William Brainin	Mrs	6124 Central Ave, Capitol Hgts Md	6/30/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	June 30-53		St Louis Mo.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 30, 1953	Carrie F. Campbell	Martin W Hysang CO	1300 N St NW

NO 8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS. A1

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JUL 3 1953
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Near College Park
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS at Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park
STREET ADDRESS (If rural, give location) 3426 Tulane Drive

3. NAME OF DECEASED: (Type or Print) (First) Aden (Middle) Rohrbaugh (Last) Miller
4. DATE OF DEATH: (Month) June (Day) 7 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March-5-1889
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rep. Boston Woven Hose & Rubber Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Canton-Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Homer Miller
14. MOTHER'S MAIDEN NAME: Anna Rohrbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 165-03-5931
17. INFORMANT & ADDRESS: Mrs Dorothy J. Miller wife Tulane Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 4201

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 month.

DUE TO

Antecedent cause(s) (b) Cardio-Vascular Disease — 2 year.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐ —
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan, 1930, to May 10, 1953, that I last saw the deceased alive on May 5, 1953, and that death occurred at 4 a.m., from the causes and on the date stated above.

SIGNATURE James S. Bellingham MD. (DEGREE OR TITLE) ADDRESS 108 Central Av. Glen Burnie Md. DATE SIGNED May 10, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Cremation
DATE THEREOF June-10-1953
NAME OF CEMETERY OR CREMATORY Greenmount Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland.

DATE REC'D BY LOCAL REG. 6/8/53
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR Stewart Morrow Co. 108 W North Balto. ADDRESS

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98

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

151
942

Reg. Dist. No. ~~251~~

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville
LENGTH OF STAY (In this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS on A H. Smith Farm

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville
STREET ADDRESS (If rural, give location) A H. Smith Farm

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Henry	Wesley	Mills	June	21	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	July 3, 1872	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Farmer (Truck)	Retired Tenant	Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Mills	Mary Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No			Leslie Mullikin, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Congestive heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiovascular renal Disease	
	(c)	

442 X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Samuel J. Boyd M.D.		Forestville Md	6-24-53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Interment	June 24, 1953		Salisbury	Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/24/53	John F. Danner.	Holloway Funeral Home.	Salisbury, Maryland

Carrie Campbell mmt.

RECEIVED
JUL 3 1953
BUREAU V.

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252

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woods Corner
LENGTH OF STAY (in this place) 32 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5200 Auth Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. J.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woods Corner
STREET ADDRESS (If rural, give location) 5200 Auth Road

3. NAME OF DECEASED (Type or Print) (First) Grover (Middle) Calvert (Last) Milstead
4. DATE OF DEATH (Month) 6 (Day) 14 (Year) 1953

5. SEX male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 7/30/92
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist
10b. KIND OF BUSINESS OR INDUSTRY U.S. Navy Yard
11. BIRTHPLACE (State or foreign country) Charles County, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert Milstead
14. MOTHER'S MAIDEN NAME Carry Saunders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. G. C. Milstead, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gun shot wound of head and neck

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Woods Corner (COUNTY) P. J. (STATE) Md
TIME OF INJURY (Month) 6 (Day) 14 (Year) 53 (Hour) 7:10 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Shot with a revolver

22. I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ✓, undetermined ☐.

SIGNATURE James I. Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 6-14-53

27. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF June 16-53 NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery LOCATION (City, town, or county) Suitland Md. (State)

DATE REC'D BY LOCAL REG. June 14-53 REGISTRAR'S SIGNATURE Howard L Beall
24. FUNERAL DIRECTOR Simmons Bros ADDRESS 2007 Nichols Ave SE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06353

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Morningside
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Roy (Middle) Bruce (Last) Moore
4. DATE OF DEATH (Month) 6 (Day) 17 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH 8/23/44
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber Morningside Md.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mooresville N. C.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME John Moore
14. MOTHER'S MAIDEN NAME Julia Overcash
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Herman Mills, Concord N. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

434.1

Immediate cause (a) Acute Congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James H Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 6-15-53

23. BURIAL, CREMATION, REMOVAL (Specify) transportation DATE THEREOF 6/15/53 NAME OF CEMETERY OR CREMATORY Concord LOCATION (City, town, or county) North Carolina (State)

DATE REC'D BY LOCAL REG. 6/15/53 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Gasch's sons ADDRESS Hyattsville Md

6/16/53 Howard J Beall

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 06354 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural give location) 4600 Riverdale Rd.

3. NAME OF DECEASED: (Type or Print) (First) KATE (Middle) PLANCHE B. (Last) MOULDEN
4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: March 3, 1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Waco, Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ZADOC W. BAKER
14. MOTHER'S MAIDEN NAME: TALLULAH A.

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: John F. Mouden 1107 Richmond Dr. Takoma Pk. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
331X
Immediate cause (a) Cerebral haem. DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension DUE TO
(c)

Interval Between Onset And Death: 7 hrs / 40 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1952, to 6-29, 1953, that I last saw the deceased alive on 6-29, 1953, and that death occurred at 11 P.M., from the causes and on the date stated above.
SIGNATURE Leonard Hays M.D. (Degree or title) ADDRESS Hyattsville Md. DATE SIGNED 6-30-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 7-2-53 NAME OF CEMETERY OR CREMATORY Glenwood LOCATION (City, town, or county) (State) Washington, D.C.
DATE REC'D BY LOCAL REGISTRAR June 30 1953 REGISTRAR'S SIGNATURE James Devers
24. FUNERAL DIRECTOR Deal Funeral Home ADDRESS Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

Mrs. Anna Ferris

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[illegible] Bay [illegible]

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RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4600-Riverdale Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 4600-Riverdale

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Fletcher (Last) Moulden

4. DATE OF DEATH (Month) June (Day) 14 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct. 31-1882
9. AGE last birthday 70 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Potomac Electric Co
10b. KIND OF BUSINESS OR INDUSTRY Electric
11. BIRTHPLACE (State or foreign country) Washington, DC
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME A. Fletcher Moulden
14. MOTHER'S MAIDEN NAME Doucilla O'Neal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Blanche B. Moulden.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
593X Immediate cause	(a) Pulmonary edema	48 hrs
Antecedent cause(s)	(b) Ch. bronchitis - Hypertension	4 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Nephritis & Myocarditis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, to 6-14, 1953, that I last saw the deceased alive on 6-14, 1953, and that death occurred at 11:30 9 m., from the causes and on the date stated above.

SIGNATURE Leonard Hays (Degree or title) ADDRESS Hyattsville, Md DATE SIGNED 6-14-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE June 16-1953
NAME OF CEMETERY OR CREMATORY Glenwood
LOCATION (City, town, or county) Washington, DC (State)

DATE REC'D BY LOCAL REG. June 14, 1953
REGISTRAR'S SIGNATURE James Devey
24. FUNERAL DIRECTOR Deal Funeral Home ADDRESS 4812 Ga Ave N.W. Wash. DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

355

Reg. Dist. No. 231

M

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colmar Manor — LENGTH OF STAY (In this place) Moment
HOSPITAL OR INSTITUTION OR STREET ADDRESS Parking Lot of Jury Club

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham
STREET ADDRESS (If rural, give location) Good Luck Road

3. NAME OF DECEASED (Type or Print): (First) Thos (Middle) Jas (Last) Parham
4. DATE OF DEATH: (Month) 6 (Day) 3 (Year) 1953
5. SEX male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH 12 April 1905
9. AGE last birthday 48 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer
10b. KIND OF BUSINESS OR INDUSTRY Bldg. Contr.
11. BIRTHPLACE (State or foreign country) So. Carolina
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Benjman J. Parham
14. MOTHER'S MAIDEN NAME Eulah Bowen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Elise Parham - Same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

931.8 Immediate cause (a) Heat exhaustion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Sleeping in closed car exposed to direct sun

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Place of death — (CITY OR TOWN) Colmar Manor — (COUNTY) P.G. — (STATE) Md.

TIME OF INJURY (Month) 6 (Day) 3 (Year) 53 (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Left in a closed car indirect sun

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James J. Boyd — (Degree or title) M.D. — ADDRESS Forestville Md. — DATE SIGNED 6-3-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6/5/1953 — NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery — LOCATION (City, town, or county) Colmar Manor, — (State) Maryland

DATE REC'D BY LOCAL REG. 6-4-1953 — REGISTRAR'S SIGNATURE Amanda Bowers — 24. FUNERAL DIRECTOR F. Gasch's Sons — ADDRESS Hyattsville, Md.

Reg. Amanda Bowers

VS. A15A

T

PLEASE WRITE

RECEIVED
JUN 10 1953
BUREAU V. C

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Riverdale
LENGTH OF STAY (in this place) 31 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo's.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheltenham, Maryland
STREET ADDRESS (If rural, give location) -

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) S. (Last) PATON

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-18-1870

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Employee Mechanic (RETIRED)

10b. KIND OF BUSINESS OR INDUSTRY: Automobile

11. BIRTHPLACE (State or foreign country): Dairy - Scotland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert Paton

14. MOTHER'S MAIDEN NAME: Elizabeth Millar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Mary M. Paton Rt. #1, Box 324F, Upper Marlboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

332X

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 1 mo

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis — 3 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1953, to June 22, 1953, that I last saw the deceased alive on June 21, 1953, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE L W Maha (DEGREE OR TITLE) MD ADDRESS Riverdale DATE SIGNED 6-22-53

23. BURIAL, CREMATION REMOVAL, (Specify): Cremation

DATE THEREOF 6/25/53

NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory

LOCATION (City, town, or county) Suitland (State) Maryland.

DATE REC'D BY LOCAL REG. Jun 25 1953

REGISTRAR'S SIGNATURE James Silvey

24. FUNERAL DIRECTOR ADDRESS Ditch ie Bros. Upper Marlboro, Md

RECEIVED
JUN 29 ···3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P. G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel
STREET ADDRESS (If rural give location) R F D #1.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) A (Last) Phelps

4. DATE OF DEATH: (Month) 6 (Day) 19 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): (circled)
8. DATE OF BIRTH: 2-28-91
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Ellis market
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward A. Phelps
14. MOTHER'S MAIDEN NAME: Sevilla Sewell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr Harry Phelps Laurel Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.0

Immediate cause (a) Myocardial infarction — 20 mins.

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Coronary thrombosis (left ant. descending) — 20 mins.

DUE TO (c) Coronary arteriosclerotic heart disease. — ??

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Post operative bilateral saphenous ligation — 2 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at 10.25 p.m. from the causes and on the date stated above.

SIGNATURE H B Hagan (Degree or title) M. D. ADDRESS Prince Geo. Hosp. DATE SIGNED 6-20-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF June 22, 1953 NAME OF CEMETERY OR CREMATORY Long Hill Cemetery LOCATION (City, town, or county) Laurel (State) Md

DATE REC'D BY LOCAL REGISTRAR June 22-53 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR De Witt Donaldson ADDRESS Laurel Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15

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JUL 1 19
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Randall

4. DATE OF DEATH: (Month) June (Day) 28, (Year) 19 53

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: June 10, 1953

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 18 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Butler

14. MOTHER'S MAIDEN NAME: Barbara Randall

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.4

Immediate cause (a) Congenital Heart disease — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,19..., to ..... ., 19....., that I last saw the deceased alive on ..... , 19..., and that death occurred at 10:18 P.M. from the causes and on the date stated above.

SIGNATURE Frances A. Cleveland (Degree or title) Asst. Resident ADDRESS College Park Md DATE SIGNED 6-29-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7-1-53 NAME OF CEMETERY OR CREMATORY Woodlawn Cem. LOCATION (City, town, or county) Wash D.C. (State)

DATE REC'D BY LOCAL REGISTRAR 6-29 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Henry S. Washington & Sons ADDRESS 467 N St. NW DC

1953 20631 6342

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information ■refully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

06360

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Pr. Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) 20 A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seabrook
STREET ADDRESS (If rural, give location) Franklin Avenue

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) Elyah (Last) Redfern

4. DATE OF DEATH (Month) 6 (Day) 25 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 11-5-1877
9. AGE last birthday 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired. [illegible]
10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt.
11. BIRTHPLACE (State or foreign country) N. Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Eli Redfern
14. MOTHER'S MAIDEN NAME Eliza Myers.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Austin Gattis - 2901-18th St., N.W., D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 x Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) John J. Maloney M.D. Dep. Med. Exam. — ADDRESS Hyattsville Md. — DATE SIGNED 6-25-53

23. BURIAL, CREMATION OR REMOVAL (Specify) [illegible] — DATE THEREOF 6-26-1953 — NAME OF CEMETERY OR CREMATORY J. A. Adams Funeral Home — LOCATION (City, town, or county) Charlotte N.C. (State)

DATE REC'D BY LOCAL REG. 6-26-1953 — REGISTRAR'S SIGNATURE Amanda [illegible] — 24. FUNERAL DIRECTOR J. Basch's Bone Hyattsville Md — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

3755 & 3756

VS. A15A

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RECEIVED
JUL 1 1953
EAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oak Crest Laurel
LENGTH OF STAY (in this place) 28 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oak Crest Laurel
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Eugene (Middle) Holland (Last) REID

4. DATE OF DEATH: (Month) (Day) (Year) June 26 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Oct 27 1882
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): merchant
10b. KIND OF BUSINESS OR INDUSTRY: own store
11. BIRTHPLACE (State or foreign country): Boyds, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel E. Reid
14. MOTHER'S MAIDEN NAME: Sarah Louise Darby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Thomas D. Reid, Clinton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary Embolus	1 hour
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Hypertension	1951
	DUE TO		
	(c)	Cardio-renal Disease	3 yr.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Transurethral resection 1951

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/26, 1953, to 6/26, 1953, that I last saw the deceased alive on 6/26, 1953, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE B. P. Warren (DEGREE OR TITLE) MD ADDRESS Laurel Md DATE SIGNED 6/28/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF June 29 1953
NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery
LOCATION (City, town, or county) Laurel, Md (State)

DATE REC'D BY LOCAL REG. June 28-53
REGISTRAR'S SIGNATURE M. Brashears
24. FUNERAL DIRECTOR De Witt Donaldson, Laurel, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN 30 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (In this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6403 Ager Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1700-16th St. S.E.

3. NAME OF DECEASED (Type or Print) (First) Randal (Middle) LEE (Last) Robertson

4. DATE OF DEATH (Month) 6 (Day) 3 (Year) 1953

5. SEX Sex
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Child
8. DATE OF BIRTH Sept 14, 1952
9. AGE last birthday yrs. If under 1 year Months 9½ Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington, Ol
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Delmar LEE Robertson
14. MOTHER'S MAIDEN NAME Joan Marlene Munday

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT History Sheet

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

752 X

Immediate cause (a) internal hydrocephalus — INTERVAL BETWEEN ONSET AND DEATH from birth

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) cerebral ischemia — ON

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/12, 1953, to 6/2, 1953, that I last saw the deceased alive on 6/2, 1953, and that death occurred at 10:20 A.m., from the causes and on the date stated above.

SIGNATURE Thomas A. Christensen (Degree or title) Md ADDRESS College Park, Md DATE SIGNED 6/3/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/4/53
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) Suitland, Pr. Georges (State) Md.

DATE REC'D BY LOCAL REG. June 3 1953
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR Malley's Funeral Home, Inc. ADDRESS 3200 I R. I. Ave. Mt. Rainier Md.

9V929 9 9 9 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ... 63

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General

2. USUAL RESIDENCE (HOME) OF DECEASED: Prince
STATE Md. COUNTY George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Marlboro,
STREET ADDRESS (If rural give location) Rt. #1 - Box 173,

3. NAME OF DECEASED: (Type or Print) (First) — (Middle) — (Last) Savoy

4. DATE OF DEATH: (Month) June (Day) 6, (Year) 19 53

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: 6/6/53
9. AGE last birthday: — yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours 12 Min. 15

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Ernest Savoy
14. MOTHER'S MAIDEN NAME: Mary Bessie Butler

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs. Mary Savoy - R#1 - Box 173, Upper Marlboro, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.5

Immediate cause (a) Immaturity

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Anoxia due to premature separation of placenta

DUE TO (c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8:30 Am, 19 53, to , 19 , that I last saw the deceased alive on 6/6, 19 53, and that death occurred at 10:30 P.m, from the causes and on the date stated above.

SIGNATURE T. Christowski (Degree or title) SM ADDRESS College Park Md DATE SIGNED 6/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 6/15/53
NAME OF CEMETERY OR CREMATORY Prince George's Hosp
LOCATION (City, town, or county) Cheverly (State) Md

DATE REC'D BY LOCAL REGISTRAR 6/20/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harry W Penn Jr ADDRESS Sup. T

206336V302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
JN 23 1953
REAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN: West Hyattsville
LENGTH OF STAY (in this place): 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1618 - Dayton Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Park Lawn Terrace West Hyatts.
STREET ADDRESS (If rural give location): 1618-Dayton Road

3. NAME OF DECEASED: (Type or Print) (First) Frieda (Middle) Irene (Last) Shank

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 19 53

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12-25-1894

9. AGE Last birthday: 58 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): Johnstown Pa.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Ross

14. MOTHER'S MAIDEN NAME: Mary C

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 578-28-5274

17. INFORMANT & ADDRESS: William Mitchell 1618 Dayton Road West Hyattsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

203X

Immediate cause (a) Multiple Myeloma — Interval Between Onset And Death: 2½ years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Apr 12 '53

19b. MAJOR FINDINGS OF OPERATION: multiple myeloma.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. ..., 1950, to June 23., 1953, that I last saw the deceased alive on June 23., 1953, and that death occurred at 9:30 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title): Carl D Mitchell, M.D. — ADDRESS: 1801 Col. Rd, N.W. — DATE SIGNED: June 23 '53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 26 1953 — NAME OF CEMETERY OR CREMATORY: Grand View Cemetery — LOCATION (City, town, or county) (State): Johnstown Pa.

DATE REC'D BY LOCAL REGISTRAR: June 23 1953 — REGISTRAR'S SIGNATURE: Mrs. Jos. Lovere (Deputy Local Registrar)

24. FUNERAL DIRECTOR: The S. H. Hines Co. — ADDRESS: 2901-14th St N.W. Washington D.C.

VS. 15 (T)

RECEIVED
JUN 26 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (in this place) 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY P. G.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro; STREET ADDRESS (If rural, give location) R. F. D. #2

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) Lee (Last) Shorter

4. DATE OF DEATH: (Month) 6 (Day) 18 (Year) 19[illegible]3

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb 2 1926

9. AGE last birthday: 27 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Robert Shorter

14. MOTHER'S MAIDEN NAME: Sarah Savoy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Robert Shorter, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
983× Immediate cause	(a) Intra cranial hemorrhage, shock	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture of the base of the skull	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-18-53

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Field Road; (CITY OR TOWN): Mitchellville; (COUNTY): P. G.; (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 6 18 53 m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Struck during an altercation

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☑.*

SIGNATURE: James J. Boyd (Degree or title) M.D. ADDRESS: Forestville Md. DATE SIGNED: 6-19-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal; DATE THEREOF: 6-19-1953; NAME OF CEMETERY OR CREMATORY: H. S. Washington & Sons; LOCATION (City, town, or county) (State): 462 N. W. Wash. D.C.

DATE REC'D BY LOCAL REG.: 6/19/53; REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: Henry S. Washington & Sons; ADDRESS: 462 N W

ECEIVED
UN 23 1953
REAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (In this place) 1 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6403 Oger Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring, Md.
STREET ADDRESS (If rural, give location) 11105 Amherst Av.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Deborah	Jeanne	Shuttle	6	28	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White		May 14, 1953		1	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Washington, D.C.	

13. FATHER'S NAME: John Shuttle Jr.
14. MOTHER'S MAIDEN NAME: Lois Jute Sheel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Kinsman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

325.4 **Immediate cause** (a) Mongolism with Congenital Heart disease — Birth on

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Intercurrent infection with Terminal Heart failure — 2 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 20, 1953, to June 28, 1953, that I last saw the deceased alive on 6/23, 1953, and that death occurred at 5:20 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas A. Christensen	Md	College Park, Md.	6/23/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal & Burial		Arlington Nat.	Arlington	Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 23 1953	Douglas Severe Duly Asst	C. Pikes per E.M.F.	

9V53 9V99V

RECEIVED
JUN 26 19[illegible]
BUREAU V[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:
COUNTY PRINCE GEORGE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HILLSIDE
LENGTH OF STAY (In this place) 4 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1202-55-Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY PRINCE Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HILLSIDE
STREET ADDRESS (If rural give location) 1202 - 55 - AVE.

3. NAME OF DECEASED: (Type or Print) (First) HAROLD (Middle) GEORGE (Last) SIRRINE

4. DATE OF DEATH: (Month) JUNE (Day) 7 (Year) 1953

5. SEX: MALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED | 8. DATE OF BIRTH: JAN-3-1891 | 9. AGE last birthday: 62 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY: STANDARD AUTOMOTIVE
11. BIRTHPLACE (State or foreign country): DANBURY CONN.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE SIRRINE
14. MOTHER'S MAIDEN NAME: HARRIET ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 079-10-8710
17. INFORMANT & ADDRESS: OLGA-M-SIRRINE 1202 55TH AVE Hillside MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

590X
Immediate cause (a) Nephritis, acute
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis + malnutrition
DUE TO
(c)

Interval Between Onset And Death: (a) 5 days (b) 2 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July ..., 1952, to June 9, 1953., that I last saw the deceased alive on June 6, 1953, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Ernest E. Carnelsen MD 4400 Bowen Rd SE Wash D.C. 6/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 6/9/53
NAME OF CEMETERY OR CREMATORY WASHINGTON NATIONAL
LOCATION (City, town, or county) (State) SUITLAND PRINCE Geo MD

DATE REC'D BY LOCAL REGISTRAR June 8, 1953
REGISTRAR'S SIGNATURE Carrie F. Campbell.
24. FUNERAL DIRECTOR W. W. Chambers Co.
ADDRESS Wash. D.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUN. 10 1953
BUREAU V. E.

368

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Upper Marlboro
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Upper Marlboro.
STREET ADDRESS (If rural, give location) Farm

3. NAME OF DECEASED (Type or Print) (First) John (Middle) NEVIN (Last) SOUDER Jr.

4. DATE OF DEATH (Month) June (Day) 3 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH
9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tobacco Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John N. Souder
14. MOTHER'S MAIDEN NAME Fannie Castle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT T. W. Souder Knoxville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Asthma Duodenal Ulcer - 1st portion. — 20 yrs. 6 mos.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1950, to June 3, 1953, that I last saw the deceased alive on 2 June, 1953, and that death occurred at 6 00 A.m., from the causes and on the date stated above.

SIGNATURE [illegible] Assoc (Degree or title) M.D. ADDRESS Upper Marlboro Md DATE SIGNED 3 June 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-6-53
NAME OF CEMETERY OR CREMATORY Reformed
LOCATION (City, town, or county) (State) Jefferson, Maryland

DATE REC'D BY LOCAL REG. June 9 1953
REGISTRAR'S SIGNATURE John F. Danner
24. FUNERAL DIRECTOR C. H. Fiete & Bro. Brunswick Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
JUN 11 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 06369 325

'MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 22 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural give location) 5730 Jennyson

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) Dee (Last) Staples
4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last Birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	13 April 1879	74 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own
11. BIRTHPLACE (State or foreign country): Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jon Belote
14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Samuel J. Staples Same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.0 Immediate cause	(a) Congestive Heart Failure	2 wks
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) arteriosclerotic Heart Dis.	5 yrs
	DUE TO (c) Rheumatoid arthritis	35 yrs

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from — 1938 to June 26, 1953, that I last saw the deceased alive on June 26, 1953, and that death occurred at 9:30 pm, from the causes and on the date stated above.
SIGNATURE Le Malum MD (Degree or title) ADDRESS Riverdale, Md DATE SIGNED 6-28-53

23. BURIAL, CREMATION, REMOVAL? (Specify) Burial DATE THEREOF 6-29-53 NAME OF CEMETERY OR CREMATORY St. Lincolns Cemetery LOCATION (City, town, or county) Silver Spring (State) Md.
DATE REC'D BY LOCAL REGISTRAR June 29 1953 REGISTRAR'S SIGNATURE James Devey
24. FUNERAL DIRECTOR J. Bosche Sons ADDRESS Hyattsville, Md.

VS. A15

RECEIVED
JUL 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ...71

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale Heights
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale Heights
STREET ADDRESS (If rural, give location) 6318 60th Place

3. NAME OF DECEASED: (Type or Print) (First) Elva (Middle) Estella (Last) Strock

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 13 Feb 1883
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Martin J. Middlekauff
14. MOTHER'S MAIDEN NAME: Victoria J. Brewer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT & ADDRESS: George W. Strock Husband Same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

			Interval Between Onset and Death
Immediate cause	(a)	Myocardial infarct	1 hr
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Coronary artery disease &	5 years
	DUE TO		
	(c)	Hypertension	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-28, 1948, to 6-25, 1953 that I last saw the deceased alive on 6-25, 1953, and that death occurred at 10:25 P.m., from the causes and on the date stated above.

SIGNATURE John P. Clum (DEGREE OR TITLE) M.D. ADDRESS Hyattsville Md DATE SIGNED 6-26-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 6/29/53
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REG. June 28 1953
REGISTRAR'S SIGNATURE James Devey
24. FUNERAL DIRECTOR F. Gasch's sons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

RECEIVED
JUL 1 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Maryland — LENGTH OF STAY (in this place) 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College City
STREET ADDRESS (If rural, give location) 3705 - 43rd Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph	A.	Sullivan	June	28	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	White	Widowed	12/26/75	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Hotel Clerk	Wash. D. C	U.S.A

13. FATHER'S NAME: Patrick Sullivan
14. MOTHER'S MAIDEN NAME: Lenora Breanahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	Unknown	Daughter - Margaret [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Internal Hemorrhage	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cancer of Pancreas	1 year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Cardiovascular & Aneurysm of Aorta

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
June 1953	Cancer of Pancreas, Aneurysm of aorta	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 10, 1953, to June 28, 1953, that I last saw the deceased alive on June 28, 1953, and that death occurred at 2:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James H Scully M.D. ADDRESS 3717 - 38th Ave Hyattsville City Md DATE SIGNED 6-29-53

23. (BURIAL) CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	June 1 1953	Mt. Olivet	Wash. D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/28/53	Amanda Downey	W W Taitanii	3619-14th St NW Wash D.C.

~~#45496~~ 3728

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ...72

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1 PLACE OF DEATH: COUNTY Prince Georges MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly

LENGTH OF STAY (in this place) 2 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Geo. Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P. G.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville

STREET ADDRESS (If rural give location) 6000 41st ave

3. NAME OF DECEASED: (Type or Print) (First) Dorothy (Middle) (Last) Tompkins

4. DATE OF DEATH: (Month) 6 (Day) 2 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): m

8. DATE OF BIRTH: April 27 1903

9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): Patterson N.J.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Herman L Plantem

14. MOTHER'S MAIDEN NAME: ? MacNabb

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Ellsworth Tompkins Hyattsville Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

410X

Immediate cause (a) Multiple pulmonary & cerebral emboli

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Congenital Heart Disease - patent foramen ovale

DUE TO

(c) Rheumatic Heart Disease - mitral stenosis

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to June, 1953, that I last saw the deceased alive on June 2, 1953 and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) Etienne M. D. ADDRESS College Park Md DATE SIGNED 6-2-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal

DATE THEREOF 6/3/53

NAME OF CEMETERY OR CREMATORY Patterson

LOCATION (City, town, or county) New Jersey (State)

DATE REC'D BY LOCAL REGISTRAR 6-3

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F Gasch's sons ADDRESS Hyattsville Md

1953 X +

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 71

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HYATTSVILLE
STREET ADDRESS (If rural give location) 4316 GALLATIN

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Vermillion

4. DATE OF DEATH: (Month) June (Day) 9, (Year) 19 53

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: June 9, 1953

9. AGE last Birthday: — yrs. IF UNDER 1 YEAR: Months —, Days —; IF UNDER 24 HRS.: Hours 8, Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: CHARLES T VERMILLION

14. MOTHER'S MAIDEN NAME: CHARLOTTE Vermillion

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: CHARLES T. VERMILLION (FATHER) 4316 GALLATIN ST. HYATTSVILLE, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5
Immediate cause (a) Atelectasis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 19 53 to June 9, 19 53, that I last saw the deceased alive on June 9, 19 53, and that death occurred at 10:05 A.M. from the causes and on the date stated above.
SIGNATURE Herbert Wanderman, M.D. (Degree or title) ADDRESS 6805 Baltimore Ave, College Park, Md DATE SIGNED June 9, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 6/11/52 | NAME OF CEMETERY OR CREMATORY Arlington Nat'l | LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 6-10- | REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Frances J Collins ADDRESS 3821 14th St. N.W. Wash. D.C.

1953 20033622 70

RECEIVED
JUN 15 1953
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write clearly and legibly. Use only capital letters.

VS. A-5 (T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) 9 yrs 9 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) Bellevue Hotel

3. NAME OF DECEASED (Type or Print): (First) Mae (Middle) Frances (Last) Welch

4. DATE OF DEATH: (Month) 6 (Day) 27 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug 10 1873

9. AGE last birthday: 79 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Government

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel Murray

14. MOTHER'S MAIDEN NAME: Catherine Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT, AND ADDRESS: David Welch 3600 Connecticut Ave NW Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Thrombosis — several years

(c) Hypertension — Duration 3 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Arterio Sclerosis — 6 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/61, 19..., to 6/27, 19..., that I last saw the deceased alive on 6/27, 19..., and that death occurred at 6.45 P m., from the causes and on the date stated above.

SIGNATURE: Jesse C Corrins (Degree or title) M.D ADDRESS: Laurel Sanitarium Laurel Md. DATE SIGNED: 6/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 6-30-53 | NAME OF CEMETERY OR CREMATORY: Washington | LOCATION (City, town, or county): DC (State)

DATE REC'D BY LOCAL REG.: July 1-53 | REGISTRAR'S SIGNATURE: M. Bashore

24. FUNERAL DIRECTOR: Timothy Hanlon ADDRESS

RECEIVED
JUL 2 1953
BUREAU V. S.

6376

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P.G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 2605 Hamilton St.

3. NAME OF DECEASED: (Type or Print) (First) Mable (Middle) White (Last)
4. DATE OF DEATH: (Month) June (Day) 27 (Year) 1953

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: Mar. 15-1897
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unk-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: 3605 Hamilton St. John White - Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral & Cerebellar Thrombosis — Interval Between Onset And Death: 2 wks

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pyonephrosis, left c̄ nephrolithiasis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/18/53, 19..., to 6/27/53, 19..., that I last saw the deceased alive on 6/27, 1953, and that death occurred at 1:55 p.m., from the causes and on the date stated above.

SIGNATURE Julius Kauffman, (Degree or title) M.D. 5102 ADDRESS Annapolis Rd. Bladensburg, Md. DATE SIGNED 6/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-1-53
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) Washington, DC (State)

DATE REC'D BY LOCAL REGISTRAR 6/28/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR John T. Stewart - 30-H St. N.E. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ... 77

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly Maryland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Beltsville
STREET ADDRESS (If rural give location) Odell Road

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Wilson
4. DATE OF DEATH: (Month) June (Day) 26 (Year) 19 53

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: June 26 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 4 Min. 14

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired).
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Mendel Wilson
14. MOTHER'S MAIDEN NAME: Gladys Deavers

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.5

Immediate cause (a) Foetal hydrops (Extreme) — Interval Between Onset And Death: Birth Or

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity & Extreme Placenta previa

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE Thomas A. Christensen (Degree or title) Supt
ADDRESS College Park Md
DATE SIGNED 6/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 6/29/53
NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp
LOCATION (City, town, or county) Cheverly (State) Md

DATE REC'D BY LOCAL REGISTRAR 6/30/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harry W Penn Jr
ADDRESS Supt

2063302291

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A...

RECEIVED
BUREAU V. S.

D6378

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) 1hr 40min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY P G
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Irvington
STREET ADDRESS (If rural, give location) X 43

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Madge	Henley	Wright	6	12	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE Last Birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	2-6-15	38 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
Little James Henley	Betty J. Warfield	No		Mrs. N. Osborne, Irvington Rt. 1, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
816X Immediate cause (a) Hemorrhage and shock	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of skull, left humerus, left femur and right forearm. Crushed chest (c)	

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Route 301	Cheltenham	P G	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☑	HOW DID INJURY OCCUR?
6	12	53	5:20 P.M.			Driver of auto which was struck in rear by another car colliding with the back of

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) James L. Boyd M.D. ADDRESS Forestville, Md. DATE SIGNED 6-13-53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6/16/53	Baptist Church Cem.	Irvington,	Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-13-53	Amanda Mooney	J. Beecher Love	Hyattsville, Md.

VS. A15A

RECEIVED
JUN 18
BUREAU V. S.

06379

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Heights
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1003-62nd Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Heights
STREET ADDRESS (If rural, give location) 1003-62nd Place

3. NAME OF DECEASED (Type or Print) (First) Johnny (Middle) Allen (Last) Young

4. DATE OF DEATH (Month) (Day) (Year) 6-25 1953

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 6-16-1915
9. AGE last birthday 38 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ?
10b. KIND OF BUSINESS OR INDUSTRY ?
11. BIRTHPLACE (State or foreign country) Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ?
14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ? (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 255-01-3423
17. INFORMANT AND ADDRESS Benj. Williams - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

490X

Immediate cause (a) Boxemia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Lobar Pneumonia

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* X, *Inquiry* X *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* X, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney M.D. Dep. Med. Exam. Hyattsville, Md. 6-25-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-2-53
NAME OF CEMETERY OR CREMATORY Baynes Cem.
LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REG. 6/25/53
REGISTRAR'S SIGNATURE Amanda Downey
Carrie F. Campbell

24. FUNERAL DIRECTOR John T. Rhines + Co. ADDRESS 901 3rd St. S.W. Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A154

RECEIVED
JUL 3 1953
BUREAU V.